

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24	/						74				
25		/					75				
26							76				
27							77				
28							78				
29							79				
30	/						80				
31							81				
32							82				
33							83				
34	/						84				
35							85				
36							86				
37	/						87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44	/						94				
45		/					95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS							
5		17		99							